

Order form

microflx.com	Email: sales@microflx.co	m +1-28	1-855-9639	Fax: +1-	832-422-4391	
Part Number	Description		Price/Unit U.S. \$	Quantity	Total	
Shipping by UPS ground, prepaid and added to the order, unless noted ir A copy of the invoice will be enclosed with the shipment. Microflex will r		not send a confirn	ning reply unless	Order Total		
specified when the orde contact listed below as s	er is placed. If there is a delay in filling your orde soon as possible.	r we will attempt	to notify the			
Thank you for your order.			PO Number (optional)			
,	,	Payment	Information			
Company Name		Type (Visa, I	Type (Visa, MasterCard, American Express)			
Contact Name		Credit Card	Credit Card Number			
Street Address, suite #		Expiration D	Expiration Date (mm/yyyy) CVC Code			
City, State, Zip code or	Postal Code	Name as it a	appears on card			
Country		Shipping Ins	Shipping Instructions			
Phone		Order Date	Order Date			
Fax		Signature of	Signature of credit card holder (IMPORTANT)			
Email, website		-				